

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-8-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99499RP, 99203 and 99202.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9-17-02 10-9-02 11-4-02 11-13-02 12-4-02 1-7-03	99499RP	\$50.00	\$0.00	F	DOP	Evaluation & Management GR (XXIII)	Requestor billed for unlisted E/M service and DOP is required. Report notes this is case management notes – the requestor did not bill for case management per CPT codes in MFG. Therefore, billing was incorrect. No reimbursement is recommended.
11-18-02	99203	\$74.00	\$0.00	F	\$74.00	Evaluation & Management GR (I)(B)	Claimant was not a new patient as defined in E/M GR; therefore, billing was incorrect. No reimbursement is recommended.
1-13-03	99202	\$50.00	\$0.00	F	\$50.00		
1-17-03	99499RP	\$50.00	\$0.00	No EOB	DOP	Evaluation & Management GR (XXIII)	Requestor billed for unlisted E/M service and DOP is required. Report notes this is case management notes – the requestor did not bill for case management per CPT codes in MFG. Therefore, billing was incorrect. No reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes, 99499RP, 99203 and 99202.

The above Findings and Decision are hereby issued this 18th day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division